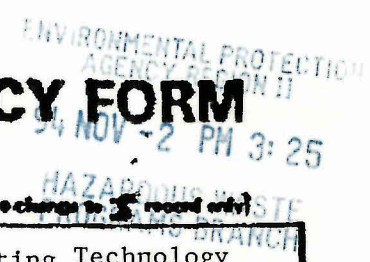


CBWHWE/NDPE



ID:6095844220

New Information (make change to 3 record only)

Facility Name: Oxford Superconducting Technology
Facility EPA ID Number: NJD099285264
Facility Address: 600 Milik Street

City: Carteret St: NJ Zip: 07008
Mailing Address: Same

City: St: Zip:
Facility Contact: K. Shanley Phone: 908-541-1300
Owner/Operator: James V. Worth
SIC Code(s): 3999
Waste Codes:
Generator Status (LOG/SQG) LOG
Other:

OCT 31 '94 10:48 NO.003 P.02

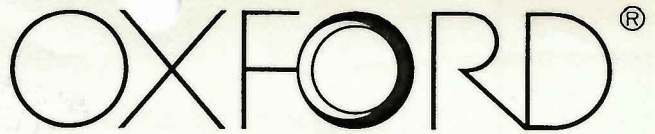
C	S
	1 conditionally exempt Solid Quantity Containers
	2 De minimis Excluded Wastes
	3 Depleted Wastes
	4 One-time Hazardous Waste Generator
	5 Public Hazardous Waste Generator

C	S
	6 No longer Generation HW; SW in Business
	7 No longer Generation HW; Out of Business
	8 Never Connected Plaintiff's Wrote
	9 ID Number & Telephone Non-Plaintiff Wrote
	1 Registered Under Another ID
	2 Numbered (561) 346-07

10/31/99
Date

Gen = 1/

already being done.



Oxford Superconducting Technology

600 Milik Street
P.O. Box 429
Carteret, N.J. 07008-0429

Telephone (201) 541-1300
Twx (710) 998-0492
Telex 844 142
Fax (201) 541-7769

August 3, 1990

cha already made

Ms. Margaret Elsishans
State of New Jersey
Department of Environmental Protection
Division of Hazardous Waste Management
CN 028
Trenton, NJ 08625-0028

SUBJECT: EPA ID. No. NJD099285264

Dear Ms. Elsishans:

Per our phone discussion earlier today, I am writing this letter to inform you that the official name of our firm is Oxford Superconducting Technology, and has been as such for a number of years. Prior name(s) you may have in your files are Oxford Airco or Airco Superconductors, both of which are obsolete. The address, however, has remained the same and is printed above on our letterhead.

Per your instructions, I have forwarded a copy of this letter to the EPA.

If you require further information, please do not hesitate to contact me.

Very truly yours,

Kathleen Shanley
Kathleen Shanley
Administrative Assistant.

/ks

cc: EPA ✓

EXHIBIT

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needs
P33
C03
C04
C06

Let's protect our earth



hgf

ENVIRONMENTAL
PROTECTION AGENCY
REGION II

88 SEP 23 AM 11:13

HAZARDOUS WASTE
FACILITIES BRANCH

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT

Michele M. Putnam
Deputy Director

John J. Trela, Ph.D., Director
401 East State St.
CN 028
Trenton, N.J. 08625-0028
(609)633-1408

Lance R. Miller
Deputy Director

Hazardous Waste Operations

Responsible Party Remedial Action

The News Tribune
1 Hoover Way
Woodbridge, N.J. 07095

SEP 20 1988

(Oxford)

NJD099285264

Dear Sir/Madam:

cl

Please publish the enclosed **PUBLIC NOTICE** as a legal advertisement one (1) time only in your earliest available issue.

This notice should not be typeset as a display ad, but should be set solid in one column width using type sizes prescribed by statute. Please enter the date of publication on the fourth line of the notice.

We have enclosed a State of New Jersey Invoice form for your billing convenience. Please be sure to:

1. Mail one copy of the published notice (showing the date of publication) to the address shown in the box marked "SHIP TO:" on page 1 of the invoice.
2. Sign and date the "Payee Declaration" on page 2 of the invoice.
3. Attach one copy of the published notice to each of the original and first duplicate pages of the invoice.
4. Mail the completed invoice with attached copies to the address shown in the box marked "BILL TO:" on page 1 of the invoice.

If you have any questions, or require further clarification, please call James Bridgewater of my staff at (609) 292-9880.

Very truly yours,

Ernest J. Kuhlwein, Jr.

Ernest J. Kuhlwein, Jr., Acting Chief
Bureau of Hazardous Waste Engineering

EP52/lm

Enclosures

cc: Barry Tornick, USEPA

PUBLIC NOTICE

In Reference: RCRA Facility ID NO. NJD 0002 779 262
NJ Project No. CP-88-53

Date:

Notice is hereby given that:

Oxford Superconducting Technology
600 Millik St.
Carteret, N.J. 07608-1199

has submitted to the New Jersey Department of Environmental Protection (NJDEP) under the provisions of the New Jersey Administrative Code (N.J.A.C.) 7:26-1 et seq., a closure plan for their 2500 drum storage area and previous 26,500 gallon per day tank electroplating process.

This notice is hereby given to inform the public that the NJDEP is presently considering the proposed plans. Under the closure plans, all wastes and tank plating process apparatus will be removed and shipped off-site to an authorized disposal facility. All wastes and waste residues from the cleaning and decontamination of the plating process equipment will also be shipped off-site to an authorized facility. After closure, the drum storage area will be used for storage of hazardous waste for less than 90 day periods.

The plans are available for inspection. Anyone wishing to obtain a copy of the plan, or arrange to review Departmental files, should contact Mr. Anthony Drummings, Bureau of Hazardous Waste Engineering at (609) 292-9880. Anyone wishing to present formal comments should send them to: Mr. Ernest J. Kuhlwein, Jr., Chief, Bureau of Hazardous Waste Engineering, 401 East State Street, Trenton, New Jersey, 08625 or call (609) 292-9880. All written comments must be submitted no later than 30 days from the date of publication of this notice.

EP52/lm

(1) TRANSACTION CODE S/C	(2) BATCH NUMBER	(3) NEW/ MATCH
47 0		

STATE
OF
NEW JERSEY

(4) FISCAL YEAR	(5) TRANSACTION DATE	(6) DOC TYP	(7) DOCUMENT NUMBER	(8) REJECT INDICA
89	09/06/88	I	220700	

AGENCY PURCHASE ORDER/INVOICE

(9) ACCOUNT NUMBER				(10)		(11)		(12)		(13)		(14)		(15)		(16)	
ORGANIZATION	FUND	PROGRAM	OBJECT	COST CENTER	PROJECT ACTIVITY	EXTENDED NO.		TOTAL AMOUNT		AGENCY P.O. NUMBER		OBLIGATION NUMBER					
4910	203	230019	38	MOB	31A					10118		A31318					

VENDOR STATUS ☐ BLANK = NO CHANGE
1 = NEW VENDOR
2 = ADDRESS CHANGE
3 = LOCATION CODE
4 = NEW VENDOR AND LOCATION
5 = VENDOR NO. CORRECTION

VENDOR NAME AND ADDRESS
(17) NAME, STREET, CITY, STATE, ZIP CODE
NEWS TRIBUNE
MIDDLESEX PUBLISHING COMPANY
1 HOOVER WAY
WOODBIDGE NJ 07095
ATTN: LEGAL ADS

CONTACT FOR INFORMATION (NAME AND PHONE NO.)
JAMES BRIDGEWATER (609) 292-9880
IF DIRECT PURCHASE OR SPECIAL PROCUREMENT, INDICATE DATE QUOTATION RECEIVED

BILL TO: ENTER COMPLETE NAME AND ADDRESS
FOLD MARK NJDEP-DHWM
401 E STATE ST
TRENTON NJ 08625
ATTN: C BUNTING 6TH FL

SHIP TO:
ERNEST J KUHLEWEIN JR CHIEF
NJDEP DHWM BHWE
401 E STATE ST 5TH FL
TRENTON NJ 08625

(18) COMMODITY CODE	VENDOR INVOICE NUMBER		(19) VENDOR IDENTIFICATION NUMBER	(20) CONTRACT NUMBER
79403			221195140	

INSTRUCTIONS TO VENDOR: (1) YOU MUST USE THE ATTACHED STATE INVOICE FORM (ORIGINAL AND DUPLICATES) FOR BILLING PURPOSES. (2) IF THIS IS A PARTIAL BILLING, YOU MUST SUBMIT BALANCES ON SEPARATE STATE INVOICE FORMS. (3) ENCLOSE PACKING SLIP WITH SHIPMENTS. (4) SHOW OBLIGATION NUMBER AND ACCOUNT NUMBER ON ALL BILLS OF LADING, INVOICES, AND CORRESPONDENCE. (5) ADDRESS ALL CORRESPONDENCE TO THE STATE AGENCY INDICATED ABOVE.

ITEM NO.	QUANTITY	UNIT	DELIVER THE FOLLOWING ITEMS P.O.D. DESTINATION DESCRIPTION	UNIT PRICE	AMOUNT
1	1	ea.	<p>LEGAL ADVERTISEMENT</p> <p>OXFORD SUPERCOMPUTING TECHNOLOGY</p> <p>600 MILLION</p> <p>CANTERBURY</p> <p>I certify that the purchase of federal grant funds covered by this purchase order is necessary to comply with the original state contract to perform this request.</p> <p>GRANT NO. D00253-89-0 PROJECT ACTIVITY CODE 31A</p> <p>DATE 9-8-88</p> <p><i>[Signature]</i> title</p>		

AGENCY APPROVAL: Signature affixed to this purchase order serves as certification: 1) that items purchased under DPA authorization are not currently available under the provisions of a current State contract or from the State distribution center; and 2) that funds required and authorized for this purpose are obligated and available. Unauthorized use subject to prosecution.

Maurice A Dressler
(AUTHORIZED SIGNATURE)
Maurice A Dressler
(PRINTED OR TYPED NAME OF AUTHORIZING EMPLOYEE)

Supv Asst.
(TITLE)
9/9/88
(DATE)

TOTAL OBLIGATION AMOUNT	
TYPE OF PURCHASE AUTHORIZATION (Check one)	
<input type="checkbox"/> ANNUAL CONTRACT AUTHORIZATION	
<input type="checkbox"/> BLANKET ORDER	
<input type="checkbox"/> DIRECT PURCHASE AUTHORIZATION	
<input type="checkbox"/> SPECIAL PROCUREMENT AUTHORIZATION	

This transaction is authorized by the Director of Purchase and Property in accordance with the provisions of Chap. 179 P.L. 1931 as amended. The issuing Agency's Approval Officer's signature guarantees all provisions governing the Authorization granted by the Director have been complied with. Type and number of authorization to be indicated in the space provided. Material delivered against this order is NOT subject to Federal Excise Taxes.

SEP - 9 1988



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT
32 E. Hanover St., CN 028, Trenton, N.J. 08625

DR. MARWAN M. SADAT, P.E.
DIRECTOR

LINO F. PEREIRA, P.E.
DEPUTY DIRECTOR

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Victoria A. Bardos
Environmental Affairs
Oxford Airco
600 Milk Street
Carteret, New Jersey 07008

JUN 17 1985

RE: Oxford Airco, Carteret
EPA ID NO. NJD 099 285 264

Dear Ms. Bardos:

The Solid Waste Management Act (N.J.S.A. 13:1E-1 et seq.) authorized the New Jersey Department of Environmental Protection (NJDEP) to establish a program requiring permits for hazardous waste treatment, storage or disposal facilities. NJDEP has issued regulations to implement this permit program, which can be found under N.J.A.C. 7:26-1.1 et seq.

Pursuant to these regulations, specifically N.J.A.C. 7:26-12.3, your facility has been operating as an existing facility since the New Jersey Hazardous Waste Management Regulations (N.J.A.C. 7:26-1.1 et seq.) became effective on October 8, 1981. Our records show that you have submitted either Part A of the USEPA RCRA Permit Application or Part A of the New Jersey Hazardous Waste Facility Permit Application. If necessary, your Part A application shall be revised to reflect the requirements of N.J.A.C. 7:26-1.1 et seq. Forms may be obtained from this office or U.S.E.P.A. Region II at (212) 264-9880.

This letter shall constitute an official request for the complete New Jersey Hazardous Waste Facility Permit Application, which shall include the items set forth in Attachment I.

Your alternative information statement and affidavit should be submitted no later than three (3) months from the date of this letter. The remaining sections of your application should be submitted no later than six (6) months from the date of this letter. Failure to submit the required application by this date shall constitute grounds for termination of existing facility status pursuant to N.J.A.C. 7:26-12.3(f)2.

JUN 17 1985

-2-

As stated above, your full application is not due until six (6) months from the date of this letter. However, I would encourage you to start work on it as early as possible because there is a significant amount of information to be submitted. All submittals should be addressed to the attention of:

Frank Coolick, Chief
Bureau of Hazardous Waste Engineering
Division of Waste Management
New Jersey Department of Environmental Protection
8 East Hanover Street
Trenton, New Jersey 08625

Initially, all applicants shall submit three (3) copies of the application. The Department will notify the applicant as to how many additional copies are needed for distribution to appropriate state and local authorities when it completes its initial evaluation of the application.

Should you wish to treat part of your application as confidential information, please refer to Attachment II, which outlines the procedures to be followed in making this claim.

I have taken the liberty of scheduling two (2) application conferences in order to assist you in preparing this application. These conferences have been scheduled for August 26, 1985 and November 15, 1985 at 10:00 am. These conferences will be held in the conference room, 8 East Hanover Street, Trenton, New Jersey 08625. If it is determined that one or both of these conferences is unnecessary, please notify my office of the cancellation.

Should you have any questions regarding this official request to submit your Hazardous Waste Facility Permit Application, please do not hesitate to contact me at (609) 292-6724 or the Bureau of Hazardous Waste Engineering at (609) 984-4892.

Very truly yours,



Edward J. Londres, P.E.
Assistant Director
Engineering

EP6/1k

Attachments

c: Angel Chang, USEPA

FORM 1 GENERAL		 ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>		I. EPA I.D. NUMBER NJD0992852643D	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE <i>w/ map & drawing</i>		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
I. EPA I.D. NUMBER					
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
		YES	NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
III. NAME OF FACILITY 1 SKIP AIRCO SUPERCONDUCTORS					
IV. FACILITY CONTACT A. NAME & TITLE (last, first, & title) B. PHONE (area code & no.) 2 BARDOS VICTORIA WASTE COORD 201 541 1300					
V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX B. CITY OR TOWN C. STATE D. ZIP CODE 3 600 MILIK STREET NJ 07008					
VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER B. COUNTY NAME C. CITY OR TOWN D. STATE E. ZIP CODE F. COUNTY CODE (if known) 5 600 MILIK STREET MIDDLESEX NJ 07008					

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	3357	(specify)	C	7	3351	(specify)
15	16	17	18	15	16	17	18
WIRE CABLING, DRAWING, INSULATION				WIRE, Cu and Co ALLOY			
C. THIRD				D. FOURTH			
C	7	3471	(specify)	C	7	7391	(specify)
15	16	17	18	15	16	17	18
ELECTROPLATING OF METALS				R + D LABORATORY			

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?			
C	8	AIRCO INC										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
15	16											66			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)												D. PHONE (area code & no.)			
F = FEDERAL M = PUBLIC (other than federal or state) P (specify) S = STATE O = OTHER (specify)												C 201 541 1300 A 15 16 17 18 19 20 21 22 23 24 25			
E. STREET OR P.O. BOX															
600 MILIK STREET															
F. CITY OR TOWN												G. STATE		H. ZIP CODE	
C	B	CARTERET										NJ		07008	
15	16											40		41 42 47 48 49 50 51	
IX. INDIAN LAND												Is the facility located on Indian lands?			
												<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
												52			

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)							
C	T	I				C	T	I					
9	N		15	16	17	18	9	P		15	16	17	18
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)							
C	T	I				C	T	I					
9	U		15	16	17	18	9			15	16	17	18
C. RCRA (Hazardous Wastes)						E. OTHER (specify)							
C	T	I				C	T	I					
9	R		15	16	17	18	9			15	16	17	18

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: A/50

XII. NATURE OF BUSINESS (provide a brief description)

Superconductors
 Airco is a scientific, engineering, and technical facility involved in the development and manufacturing of superconductors and superconducting systems.

F9: A/51

NOV 21 3 16 PM '80
 ENVIRONMENTAL PROTECTION AGENCY
 NEW YORK, N.Y. 10007

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
ERIC GREGORY GENERAL MANAGER	<i>Eric Gregory</i>	11/17/80

COMMENTS FOR OFFICIAL USE ONLY

C	15	16	17	18	19	20	21	22	23	24	25
C											

		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)		I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> NJ 099285264 </div>	
FOR OFFICIAL USE ONLY					
APPLICATION APPROVED <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>		DATE RECEIVED (yr., mo., & day) <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>		COMMENTS <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 5px;"></div>	
II. FIRST OR REVISED APPLICATION					
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.					
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)					
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)			<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)		
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)			FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN		
<div style="display: flex; justify-content: space-between;"> <div> YR. MO. DAY 79 10 01 </div> </div>			<div style="display: flex; justify-content: space-between;"> <div> YR. MO. DAY 73 74 75 76 77 78 </div> </div>		
B. REVISED APPLICATION (place an "X" below and complete Item I above)					
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS			<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT		
III. PROCESSES - CODES AND DESIGN CAPACITIES					
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).					
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.					
1. AMOUNT - Enter the amount. 2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.					
PROCESS		PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	
Storage:				Treatment:	
CONTAINER (barrel, drum, etc.)		S01	GALLONS OR LITERS	TANK	
TANK		S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	
WASTE PILE		S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	
SURFACE IMPOUNDMENT		S04	GALLONS OR LITERS		
Disposal:				OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	
INJECTION WELL		D79	GALLONS OR LITERS	T01	
LANDFILL		D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	T02	
LAND APPLICATION		D81	ACRES OR HECTARES	T03	
OCEAN DISPOSAL		D82	GALLONS PER DAY OR LITERS PER DAY	T04	
SURFACE IMPOUNDMENT		D83	GALLONS OR LITERS		
UNIT OF MEASURE		UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	
GALLONS.....		G	LITERS PER DAY.....	ACRE-FEET.....	
LITERS.....		L	TONS PER HOUR.....	HECTARE-METER.....	
CUBIC YARDS.....		Y	METRIC TONS PER HOUR.....	ACRES.....	
CUBIC METERS.....		C	GALLONS PER HOUR.....	HECTARES.....	
GALLONS PER DAY.....		U	LITERS PER HOUR.....		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S		T/A		C					
C		1		1					
<div style="display: flex; justify-content: space-between;"> <div> 16 - 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 </div> </div>									
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	2,500 000	G		7				
2	T 0 1	26,000 000	U		8				
3					9				
4					10				

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F 15 D 099285264 T/A C 3 6

F6: $\frac{A}{55}$ F6: $\frac{A}{56}$

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

13 27 100

LONGITUDE (degrees, minutes, & seconds)

076 32 500

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E Airco Inc. 201 573 0800

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F 85 Chestnut Ridge Rd. G Montvale NJ 07645

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

ERIC GREGORY
GENERAL MANAGER

B. SIGNATURE

Eric Gregory

C. DATE SIGNED

11/17/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

ERIC GREGORY
GENERAL MANGER

B. SIGNATURE

Eric Gregory

C. DATE SIGNED

11/17/80

PERMITS ADMINISTRATION
REGION II
SEP 9 2 23 PM '82
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

Oxford Airco

600 Millik Street, Carteret, New Jersey 07008, U.S.A.

Telephone (201) 541-1300 TWX 710-998-0492

NJD099285264



September 7, 1982

Permits Administration Branch
Room 432
U.S. Environmental Protection Agency
26 Federal Plaza
New York, NY 10007

To Whom It May Concern:

Attached you will find a resubmission of our Part A Permit to bring into effect a name change. Oxford Airco is a partnership between Oxford Technology Incorporated and Airco Superconductors Incorporated. The purpose of the partnership is to increase our share of the market in the superconducting field. No operational changes will occur and our hazardous waste activity remains the same.

Very truly yours,

Victoria A. Bardos

Victoria A. Bardos
Environmental Affairs Coordinator

Eric Gregory

Dr. Eric Gregory
General Manager

VAB/mbf

FORM 1 GENERAL	 GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> F N J D 0 9 9 2 8 5 2 6 4 </div>
LABEL ITEMS II. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.
PLEASE PLACE LABEL IN THIS SPACE		

II. POLLUTANT CHARACTERISTICS			
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.			
SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

III. NAME OF FACILITY	
C	1 SKIP OXFORD AIRCO

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 BARDOS VICTORIA WASTE COORD	201 541 1300

V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
3 600 MILIK STREET			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4 CARTERET		NJ	07008

VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 600 MILIK STREET					
B. COUNTY NAME				C. CITY OR TOWN	
6 MIDDLESEX				7 CARTERET	
D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)	
NJ		07008			

SEP 9 2 23 PM '82
 ENVIRONMENTAL PROTECTION AGENCY
 NEW YORK, NY 10007

CONFIDENTIAL



CONFIDENTIAL

CONFIDENTIAL

VII. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
7 3357 (specify)	WIRE CABLING, DRAWING, INSULATING	7 3351 (specify)	WIRE, Cu and Co ALLOY
C. THIRD		D. FOURTH	
3471 (specify)	ELECTROPLATING OF METALS	77391 (specify)	R + D LABORATORY

VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?	
8 OXFORD AIRCO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify) P (specify)		C A 201 541 1300	
E. STREET OR P.O. BOX			
600 MILIK STREET			
F. CITY OR TOWN		G. STATE	H. ZIP CODE
B CARTERET		NJ	07008
		IX. INDIAN LAND	
		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
9 N		9 P	
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
9 U		(specify)	
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
9		(specify)	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Oxford Airco is a scientific, engineering and technical facility involved in the development and manufacturing of superconductors and superconducting systems.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

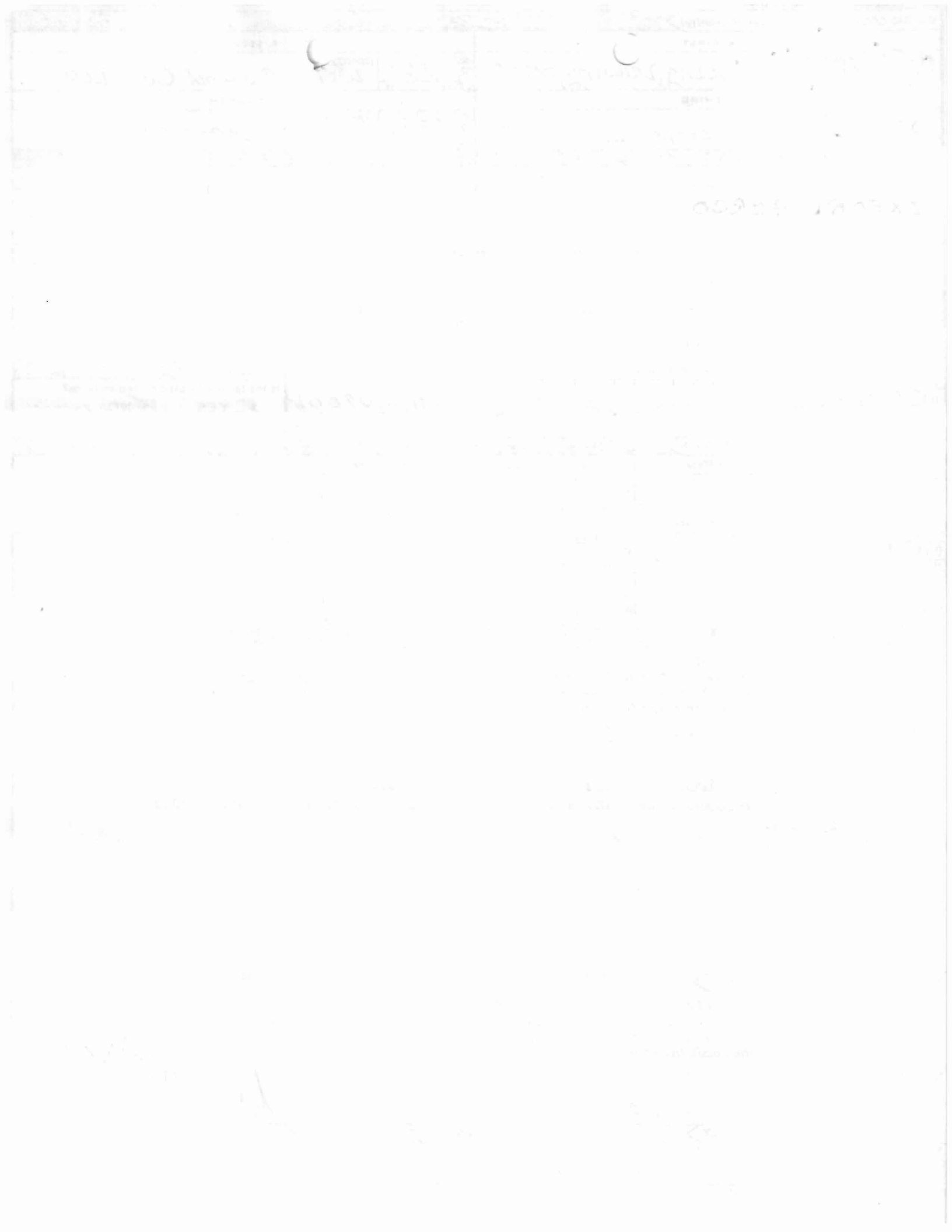
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
GREGORY GENERAL MANAGER	<i>Gregory</i>	11/17/80

COMMENTS FOR OFFICIAL USE ONLY

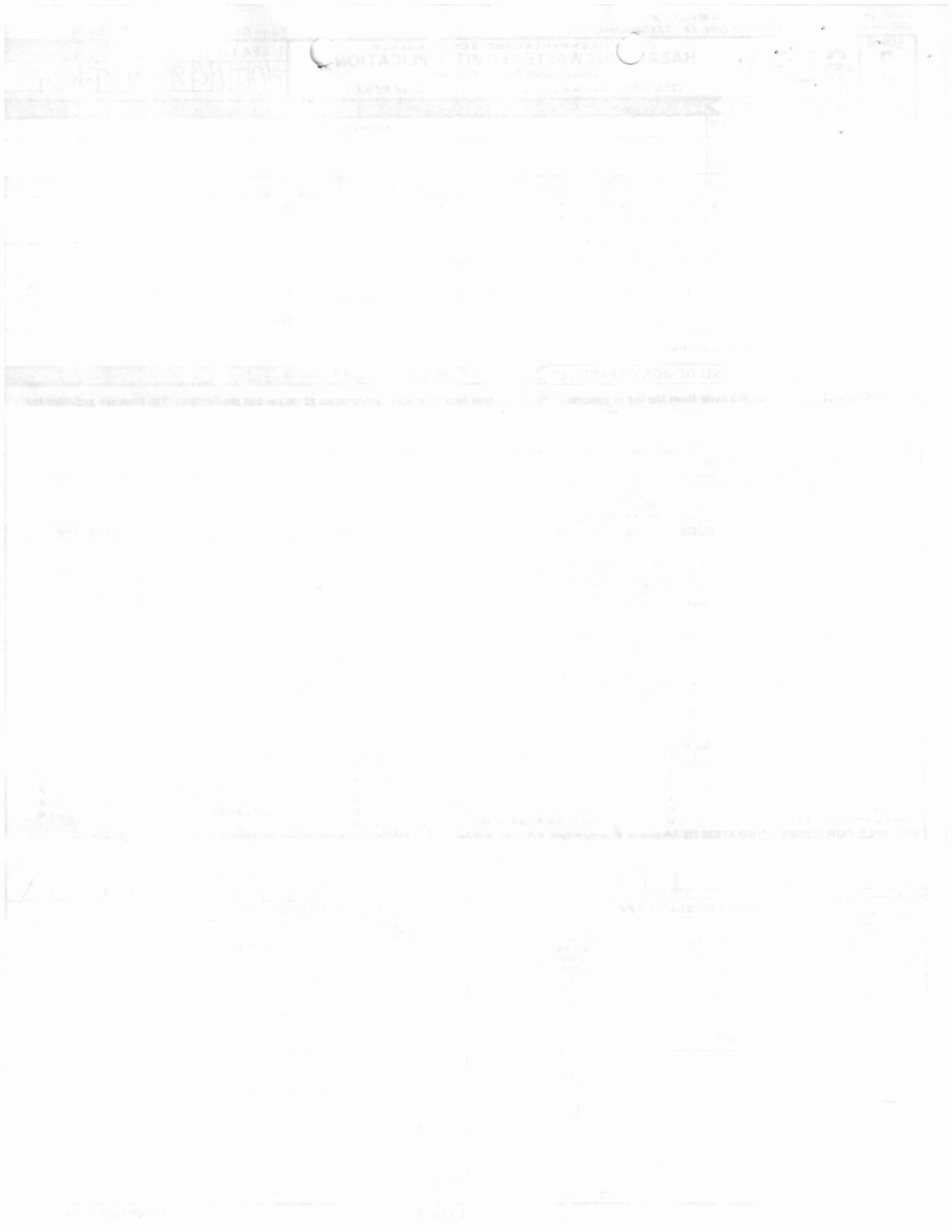
C

15 16

Form 3510-1 (5-80) REVERSE



CONTINUE ON REVERSE



III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTER INCLUDE DESIGN CAPACITY.

PERMITS / TREATMENT
REGION II
SEP 9 2 24 PM '82
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and their codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure and account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous waste(s) that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter the fourth in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) or "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes which are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

W Z O J Z	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in 1)
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

SEP 1 1961
NEW YORK, NY 10001

TO: DIRECTOR, FBI
FROM: SAC, NEW YORK
SUBJECT: [Illegible]

RE: [Illegible]
[Illegible text block]

1. [Illegible]
2. [Illegible]
3. [Illegible]

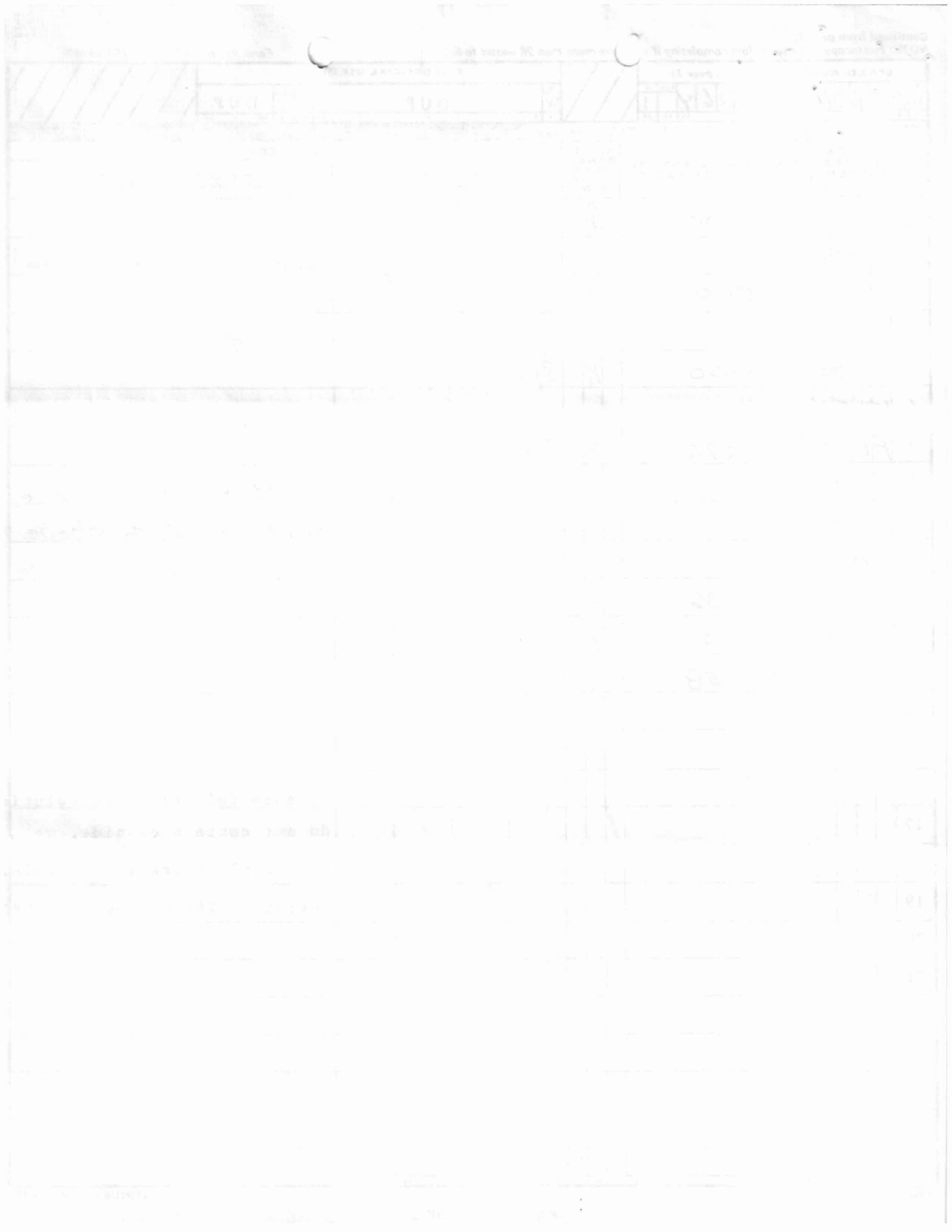
4. [Illegible]
5. [Illegible]
6. [Illegible]

7. [Illegible]
8. [Illegible]
9. [Illegible]

10. [Illegible]
11. [Illegible]
12. [Illegible]

13. [Illegible]
14. [Illegible]
15. [Illegible]

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
W 115 D 09 92 85264 T/A C 1													W DUP 2 DUP														
DESCRIPTION OF HAZARDOUS WASTES (continued)																											
NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																							
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))															
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
1	F001	9,000	K	S01																							
2	U226																										
3	F003	5,000	K	S01																							
4	U002																										
5	F005	5,000	K	S01																							
6	U154																										
7	F007*	14,292	K	S01																							
8	F008*																										
9	F009*																										
10	D008																										
11	U122	2,036	K	S01																							
12	U134	1,233	K	S01																							
13	D002	52,558	K	S01 T01																							
14																											
15																											
16																											
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19																											
20																											
21																											
22																											
23																											
24																											
25																											
26																											



IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
F 1 5 D 0 9 9 2 8 5 2 6 4 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

76 32 50

LONGITUDE (degrees, minutes, & seconds)

13 27 10

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

OXFORD AIRCO

201-541-1300

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

600 MELIK ST.

CARTERET

NJ

07008

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

ERIC GREGORY
GENERAL MANAGER

B. SIGNATURE

Eric Gregory

C. DATE SIGNED

11/17/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

ERIC GREGORY
GENERAL MANAGER

B. SIGNATURE

Eric Gregory

C. DATE SIGNED

11/17/80

THE CITY OF BIRMINGHAM
COUNTY OF BIRMINGHAM

0001 1300

OXFORD ALRGO

112 0200

CHARTER AT

600 MT-11 2T

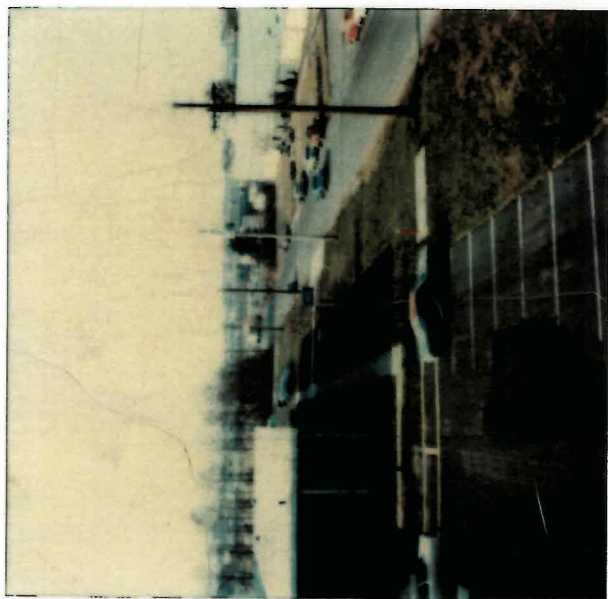
11/2/18

11/2/18

11/2/18

11/2/18

11/2/18



Parking Lot & Street- East Side



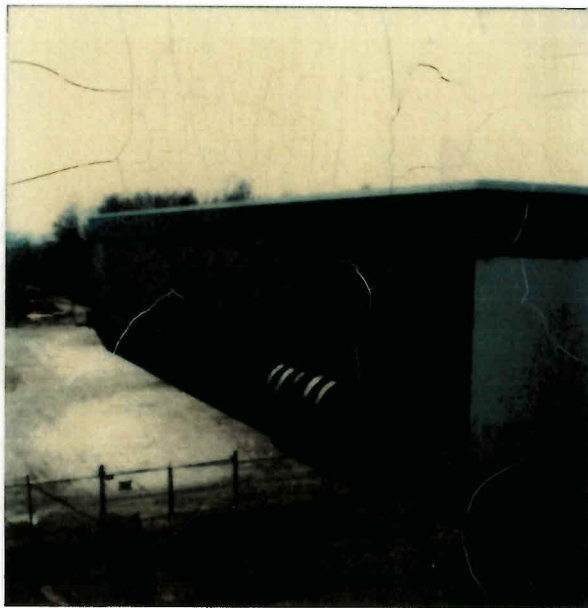
Parking Lot- East Side



NE Corner



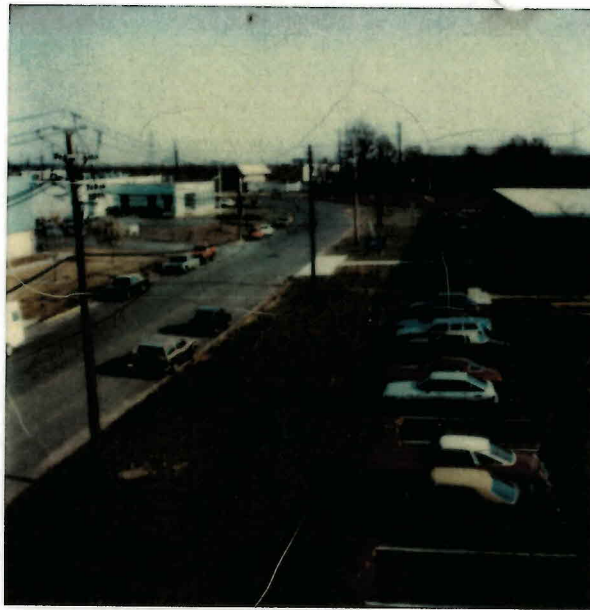
Possible future Hazardous
Waste Storage Area



Hazardous Waste Storage Area



Hazardous Waste Storage Area



Parking Lot & Street- West Side



Parking Lot- West Side



Shipping & Recieving
West Side



NW Corner

